STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

C-1-PB-17-000486

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
DEC 29 2016

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-16-186636

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last): JUAN ANGEL FLORES
(Maiden):
2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy): DECEMBER 18, 2016
3. SEX: MALE
[redacted]-yyyy)
5. AGE-Last Birthday (Years): 71
IF UNDER 1 YR. Mo / Days
IF UNDER 1 DAY Hours / Min
6. BIRTHPLACE (City & State or Foreign Country): EL PASO, TX
7. SOCIAL SECURITY [redacted]
MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
10a. RESIDENCE STREET ADDRESS: 2305 VENTUR
10b. APT. NO.: B
10c. CITY OR TOWN: AUSTIN
10d. COUNTY: TRAVIS
10e. STATE: TEXAS
10f. ZIP CODE: 78741
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE: JUAN NAVARRO FLORES
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: ANGELA MACIAS
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH: TRAVIS
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): AUSTIN, 78745
16. FACILITY NAME (If not institution, give street address): ST DAVID'S HOSPITAL - SOUTH AUSTIN
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: PATRICIA CARVALHO - SISTER
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 4301 THOMASON AVE., EL PASO, TX 79904
19. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: WHITNEY ROBBINS ,BY ELECTRONIC SIGNATURE - 117200
21. ☒ Unknown
Section
Block
Lot
Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): FRONTIER CREMATION LLC
23. LOCATION (City/Town, and State): AUSTIN, TX
24. NAME OF FUNERAL FACILITY: HARRELL FUNERAL HOME, LTD
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 4435 FRONTIER TRAIL, AUSTIN, TX 78745
26. CERTIFIER (Check only one)
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☒ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: J. KEITH PINCKARD, MD, PHD , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy): DECEMBER 28, 2016
29. LICENSE NUMBER: L6575
30. TIME OF DEATH(Actual or presumed): 08:48 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): J. KEITH PINCKARD, MD, PHD 1213 SABINE ST., AUSTIN, TX 78701
32. TITLE OF CERTIFIER: CHIEF M.E.

WARNING — The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1989)

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

Approximate interval Onset to death

IMMEDIATE CAUSE (Final disease or condition ——> resulting in death)
a. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE — YEARS
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b.
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Probably ☐ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.: 0205017
42b. DATE RECEIVED BY LOCAL REGISTRAR: DECEMBER 29, 2016
42c. REGISTRAR: REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED

EDR NUMBER 000002019462

VS-112 REV 1/2006

QA1002260039

Filed: 3/8/2017 11:36:53 AM
Dana DeBeauvoir
Travis County Clerk
C-1-PB-17-000486
Gloria Cantu

BMA

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 30 2016

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE